

S. No. 2  
M-5-43  
5-17-39  
I X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

UNITED STATES DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF DEATH

FILED NOV 6 1948

State File No. 33409

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Lexington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: South East 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 yrs (Specify whether years, months or days)  
In this community 2 yrs

3. (a) PRINT FULL NAME

Abbie Nelson

3. (b) If veteran,

name was

3. (c) Social Security

No.

4. Sex

Female

5. Color of

race

Cal

6. (a) Single, widowed, married

divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive years

7. Birth date of deceased

Sept 9 1882  
(Month) (Day) (Year)

8. AGE:

Years 65 Months 11 Days 23 If less than one day hr. min.

9. Birthplace

Carrollton Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation

Housekeeper

11. Industry or business

Same

12. Name

Abbie Nelson

13. Birthplace

Carrollton Mo  
(City, town, or county) (State or foreign country)

14. Maiden name

Fate Johnson

15. Birthplace

Carrollton Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant

Helen Nelson

(b) Address

Lexington Mo

17. (a) (Burial, cremation, or removal)

Burial

(b) Date thereof

9-5-48  
(Month) (Day) (Year)

(c) Place: burial or cremation

Y. L. L. Co.

18. (a) Signature of funeral director

W. H. Ward

(b) Address

Lexington Mo

19. (a) (Date received local registrar)

Nov. 1, 1948

(b) (Registrar's signature)

E. E. H. H.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
(c) City or town Lexington  
(If outside city or town limits, write "RURAL")  
(d) Street No. South East 1  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 ne  
48 year 2 hour 40 minute P.M.

21. I hereby certify that I attended the deceased from 10 Sept 1947, to 2 Sept 1948;  
that I last saw her alive on 2 Sept 48  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cardio Vascular renal  
disease

Due to

Due to

Other conditions Chronic Bronchitis  
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. H. Ward M.D. (M. D. or other)  
Address Lexington Mo Date signed 11/9/48

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4220

P. O. Address Lexington, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.